ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
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O.I.P.E. CLASSIFIER	1	12	5/25
FORMALITY REVIEW	70	420	06-21-01
RESPONSE FORMALITY REVIEW			 ***C

INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here

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